

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1203**

City **St. Louis Mo.**

(No. **3306 Michigan Ave.**)

File No. **24956**

Registered No. **6373**

St. .... Ward)

**2. FULL NAME**

**Louisa Huber**

(a) Residence. No. **3306 Michigan** St. **24** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

**Female**

**4. COLOR OR RACE**

**White**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

**Widowed**

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

**May 23 - 1859**

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1

day, .... hrs.

or .... min.

**74**

**1**

**28**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

**House Wife**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

**Germany**

**10. NAME OF FATHER**

**Unknown**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Germany**

**12. MAIDEN NAME OF MOTHER**

**Unknown**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Germany**

**14.**

INFORMANT

(Address)

**Louis Huber**

**3536 So. Compton**

**15.**

FILED

19

**J. F. Biedeck**

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

**July 21 - 1933**

**17.**

I HEREBY CERTIFY, That I attended deceased from **March 1926** to **July 21, 1933**, and that I last saw him alive on **July 21, 1933**, and that death occurred, on the date stated above, at **10:30 A.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Chronic myocarditis  
arterio pulmonis  
acute dilatation of heart**

**CONTRIBUTORY (SECONDARY)**

**30 minutes** (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

**19. DID AN OPERATION PRECEDE DEATH?**

DATE OF

**20. WAS THERE AN AUTOPSY?**

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed)

**J. F. Biedeck** M. D.

**3353 Nebraska Ave.** (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

**Missouri Crematory**

**July 24 1933**

**20. UNDERTAKER**

**Zeigenschein Bros 3613 Cherokee St.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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10  
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